

L 698 181425
M 371005976

PATENT

Attorney's Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION
BIOACTIVE PEPTIDES, USES THEREOF AND PROCESS FOR THE PRODUCTION
OF SAME

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known _____ (if applicable).
and was amended on _____

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

Application No.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, m nth, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

DOCKET: CU-2535

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: Jan RAA et al)

TITLE: BIOACTIVE PEPTIDES, USES THEREOF)
AND PROCESS FOR THE PRODUCTION)
OF SAME)The Commissioner for Patents
Washington, D.C. 20231**APPOINTMENT OF ASSOCIATE ATTORNEYS**

Dear Sir:

The undersigned Attorney for Applicant in the above identified application for Letters Patent, hereby appoints individually and collectively as my Associate Attorneys, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent & Trademark Office connected therewith:

Donald P. Reynolds, Reg. 26220
W. Dennis Drehkoff, Reg. 27193
Vangelis Economou, Reg. 32341
Brian W. Hameder, Reg. 45613

Please address and send all correspondence to:

Ladas & Parry
224 South Michigan Avenue
Chicago, Illinois 60604
(312) 427-1300

May 14, 2001

Date

/14



Attorney for Applicant

Richard J. Streit, Reg. 25765
c/o Ladas & Parry
224 South Michigan Avenue

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete **ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION** for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

John J. Chrystal, 26360; Thomas F. Peterson, 24790; Richard J. Streit, 25765; Timothy J. Keefer, 35567; Jie Sha, 37503; Lawrence J. Chapa, 39135; Paul B. West, 18947; Joseph H. Handelsman, 26179; Peter D. Galloway 27885; John Richards, 31503; Iain C. Baillie, 24090; Richard P. Berg, 28145

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

John J. Chrystal
c/o Ladas & Parry
224 South Michigan Avenue
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Jan _____ RAA
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature *Jan Raa*
Date 2/4-98 Country of Citizenship Norway
Residence Oslo, Norway
Post Office Address Gronnegt. 11, 0350 Oslo, Norway

Full name of second joint inventor, if any

Gunnar _____ RORSTAD
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature *Gunnar Rorstad*
Date 2/4-98 Country of Citizenship Norway
Residence Tromso, Norway
Post Office Address Ivar Aasensvei 7, N-7007 Tromso, Norway

Full name of third joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____